



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
100 LACKAWANNA AVENUE
ROOM 330, SCRANTON STATE OFFICE BUILDING
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209
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CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 14, 2011

Ms. Paula Sagan-Hahn, Executive Director
Lakewood Senior Living-Drums, LLC
Fritzingertown Senior Living Community
159 South Old Turnpike Road
Drums, Pennsylvania 18222

Dear Ms. Sagan-Hahn:

As a result of the Department of Public Welfare's licensing inspection on September 16, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,

Michele Moskalczyk

Regional Licensing Administrator

Enclosure
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME FRITZINGERTOWN SENIOR LIVING COMMUNITY, 159 SOUTH OLD TURNPIKE ROAD DRUMS, PA 18222		CURRENT LICENSE NUMBER 201660	
INSPECTION DATES (Include all dates of the inspection) 09/16/2010		REGIONAL REPRESENTATIVE Leslie Patton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Paula Sagon - Hahn RO - Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Paula Sagon - Hahn</i>	DATE <i>11/24/2010</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Salene</i>	DATE <i>2-4-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).	On 2/16/10, 6/23/10 and 6/27/10 the resident fell, resulting in the need for medical care provided at the local hospital. The home did not submit a Reportable Incident to the Department's regional office notify the department of the reportable incidents.	<i>09/20/2010</i> <i>on-going</i> <i>monthly</i>	DON and RCC's were re-inserviced in regulation requiring reporting of injuries requiring treatment or medical care. Administrator will monitor and assure compliance to this regulation. <i>Re: Tele conversation with Adm. [redacted] 2-4-11.</i> <i>Director of Nursing and Resident Care Coordinates will do daily reviews of all shift reports to determine if an incident report is required as per DPW Regulation. Administrator will do follow-up review with Director of Nursing and Department Heads of all incident reports to DPW. Administrator will also do a monthly review of all incident reports to monitor DON and RCC's</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>2-4-11</i> Date Initials (DPW)

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SCRANTON FIELD OFFICE
Adult Residential Licensing

Scv 2-4-11

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	the home did not update the resident's most recent support plan (dated 1/4/10) as a result of the resident's increased cognitive decline, increased agitation as well as the 5 falls the resident had from 2/16/10- 6/27/10.	<i>09/20/2010</i>	DON and RCC's were re-inserviced in need to complete and update resident support plan with significant change in condition. Administrator will monitor and assure compliance to this regulation. <i>Per tele. conversation with administrator [redacted] 2-4-11</i> <i>Director of Nursing will review all resident updated medical evaluations and updated assessments and complete resident support plans to ensure that all resident needs are indicated and are being met.</i> <i>Administrator will do monthly checks to ensure that all updated support plans are completed timely. DCV 2-4-11</i>	<i>DCV</i> <i>2-4-11</i>

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on-going

monthly